

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006482

981

STATE FILE NUMBER

TE AMENDED

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

FILED MAR 7 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kansas City

Length of stay in 1b

50 YRS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

General Hospital

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE

MISSOURI COUNTY JACKSON

c. CITY  
OR TOWN

KANSAS CITY

Inside Limits

Yes ☐ No ☐d. STREET  
ADDRESS(If outside, give location)  
3310 OLIVE

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Tessie

Edwards

4. DATE  
OF DEATH

Month

Day

Year

2

16

62

## 5. SEX

Female

## 6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4-20-1884

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE KEEPER

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

FAYETTE, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

EMANUEL WITT

## 13b. MOTHER'S MAIDEN NAME

NELLIE HUMPHREY

## 14. NAME OF HUSBAND OR WIFE

R.E., Mo.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of serv.)  
No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

ELLA BENHOMON 815 ENCLID

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Pulmonary Edema

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

3-14-62 to 2-16-62 and last saw her alive on 2-16-62

Death occurred at 3:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

[Signature]

(Degree or title)

## 22b. ADDRESS

2400 Cherry

## 22c. DATE SIGNED

2-18-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

2-24-62

## 23c. NAME OF CEMETERY OR CREMATORY

LINCOLN

## 23d. LOCATION (City, town, or county)

KANSAS CITY, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

BROWN-HUDSON, K.C., Mo

## 25. DATE RECD. BY LOCAL REG.

2-19-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Frank Ellis

If this body is not embalmed, fact should be so stated above.